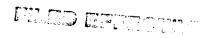


CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name AUG - 5 PM 3: 00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the und- business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name	of the entity or individual(s) doing e: <u>Complete Address</u>
William E. CHAVE	4619 W. GARDEN CT. Boise, ID 83705
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	er the assumed business name is:
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 4619 West GARDEN CT. Boise, ID. 83705 AHN: WILLAM E. CHAVE	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above). 	t Phone number (optional): 831-325-1658 (cell) 208-462-4334
	Secretary of State use only
Signature: Zall E Ch. (signature required) Printed Name: William CHAVE Capacity/Title: OWER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OB/05/2003 05:00 CK: CASH CT: 158810 BH: 694732 1 @ 25.00 = 25.00 ASSUM HAME # 2